

SECTION B**WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased
Well
River

☒ Y ☐ N
☐ Y ☒ N
☐ Y ☒ N

If Y, is it metered
If Y, is it metered

☐ Y ☒ N
☐ Y ☒ N

11. Name of purchased water supplier: United Water MUA

List all Account #'s: 62646917; 59292185; and 61384664

12. Water Received: From Mo. 6 Yr. 2004 Through Mo. 5 Yr. 2005
(*Next to a figure means it is estimated)

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1st Qtr.	3,550,000*	--	--	3,550,000*
2nd Qtr.	3,550,000*	--	--	3,550,000*
3rd Qtr.	3,550,000*	--	--	3,550,000*
4th Qtr.	3,550,000*	--	--	3,550,000*

GRAND TOTAL 14,200,000*
Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	10,000,000*		
Process waste water	3,490,000*		
Cooling Water			
Evaporation			710,000*
Contained in the product			
Other (describe)			

GRAND TOTAL 14,200,000*

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer
 To the Combined River
 To the Storm Sewer
 River or Ditch

Y - N
 Y - N
 Y - N
 Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste Type Handled
Waste Management	Kearny, NJ		Garbage/Recyclables
Waste Management	Kearny, NJ		Medical Waste

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous: 24 hrs/day
 or intermittent N/A each operating day.
 If the discharge is intermittent, it occurs between the following hours: N/A

17. Brief description of Manufacturing or other activity performed: Hospital - Healthcare

List SIC CODE #: 8062

18. Principal Raw Materials used: N/A

19. Principal Products or Services: Healthcare Services

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: N/A
- _____

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. N/A Provide dates usually shutdown N/A

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet N/A _____

Outlet N/A _____

Outlet N/A _____

22. Sampling information:

Outlet	Contains Industrial Waste	Sampler Type	Refrigerated
1	Yes	Sigma Motor 800SL	Yes

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Y – N)	Type	Date
1	6200	N	N/A	N/A

24. Frequency of calibration of each flow meter: N/A
- _____

SECTION D (continued)

25. Attach plot plan of the property showing: **See Attached**

- (a) All existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) Sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter(s); Flowmeter(s);
- (c) Details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1 - Analysis to be Provided by July 15, 2005

Report to the nearest unit: XX Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH (standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

Footnotes:

- (1) Report results to the nearest tenth (i.e., 1.6 mg/l)
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)

Samples collected by: Enviro-Sciences (of Delaware), Inc.

Date: by July 15, 2005

Sample analyzed by: Integrated Analytical Laboratories
273 Franklin Road, Randolph, NJ 07869

Date: by July 15, 2005

Products being manufactured when sample was collected: N/A

27. Who performs the analyses of the samples for User Charge? N/A

28. Is the Laboratory certified by the NJDEP to conduct all the analyses? Y – N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

N/A

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y – N Y

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: Healthcare

Subpart (s): _____

33. Compliance date(s): N/A

34. Is facility compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: N/A

36. Compliance schedule submitted: N/A

If yes is facility on schedule? N/A Explain if compliance date will not be met:

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?

If yes, describe No

38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?

If yes, describe N/A

39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y – N No

40. Is this facility under an ISRA Clean Up? No If so, has a plan been approved by NJDEP: _____

Is there any plan to discharge groundwater?

No

JUN-02-2005 15:24

P.02
JUN 02 2005**CERTIFICATION*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: George Doumar
Print Name

Title: Director of Engineering for Jersey City Medical Center

6/2/05 George Doumar
Date Signature

* APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**TO BE COMPLETED BY JULY 15, 2005****CHECK APPROPRIATE BOX**

Name	A	B	C	D	NAME	A	B	C	D
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4 dimethyphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4 dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,6 dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2 diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carbon tetrachloride (tetrachloromethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bis(2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2 dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methylene chloride (dichloromethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,1 trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl chloride (chloromethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1 dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2 trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl bromide (bromomethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2,2 tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlorethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bromoform (tribromomethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bis(chloromethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bis(2 chlorethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	trichlorofluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloroethyl vinyl ether mixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dichlorodifluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4,6 trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parachlorometa cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chloroform (trichloromethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2 dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3 dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,4 dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,3 dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1 dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,6 dinitro-o cresol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2 trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4 dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodiphenylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2 dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosod-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3 dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1,3 dichlor propene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS**TO BE COMPLETED BY JULY 15, 2005****CHECK APPROPRIATE BOX**

Name	A	B	C	D	NAME	A	B	C	D
bis(2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
butylbenzylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	endring aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
di-n-butylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heptachlore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
di-n-octylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heptachlore (epoxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diethylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC Alpha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dimethylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC Beta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC Gamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHC Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,4 benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzo(k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCB1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
indeno (1,2,3-c,d) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tetrachloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlordan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4 DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4 DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4 DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
endosulfan 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
endosulfan 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,3,7,8 tetrachlorodibenzo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS**TO BE COMPLETED BY JULY 15, 2005****CHECK APPROPRIATE BOX**

Name	A	B	C	D	NAME	A	B	C	D
acrylamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n,n-dimethyl aniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amitrole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,3-dimethyl benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amyl alcohols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,1-dimethylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aniline hydrochloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dioxane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anisole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	diphynylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
auramine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ethylenimine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzotrichloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,4-methylene bis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2-chloroaniline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o-chloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,4-methylenedianiline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-chloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl isobutyl ketone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p-chloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	alpha-naphthylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-chloro-2-nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	beta-naphthylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-chloro-4-nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n-methylaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chloroprene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,2-phenylenediamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chrysoidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,3-phenylenediamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cumene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,4-phenylenediamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,3-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sudan 1 (solvent yellow 14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thiorurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,5-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toluene sulfonic acids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,4-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	toluidines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,5-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	xylidines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dichloroaniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dimethoxybenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS**TO BE COMPLETED BY JULY 15, 2005****CHECK APPROPRIATE BOX**

Name	A	B	C	D	NAME	A	B	C	D
acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kelthane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kepone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	malathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aniline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
butyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
butylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
captan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mevinphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carbaryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carbofuran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monoethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monomethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	naled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
coumaphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	napthenic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	phenolsulfanate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-D (2,4-dichlorophenoxy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	phosgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acetic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	propagrite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diazinon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dicamba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quinoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dichlone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	resorcinol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strontium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strychnine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	styrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4,5-T (2,4,5-trichloro-phenoxy acetic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					TDE (tetrachloro-diphenylethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,4,5-TP 2 (2,4,5-trichlorophenoxy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diquat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disulfoton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	triethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	propanoic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS**TO BE COMPLETED BY JULY 15, 2005****CHECK APPROPRIATE BOX**

Name	A	B	C	D	NAME	A	B	C	D
ethanolamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uranium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ethion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vanadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	xylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	xlenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
furfural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zirconium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
guthion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
isoprene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

Supplemental Sewer Use Application Questionnaire

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Jersey City Medical Center
Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Liberty Health
Jersey City Medical Center
Trade Name/Fictitious Name

BUSINESS ORGANIZATION:

Please check the appropriate box

- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☒ Corporation
☐ Other (describe)

- ☐ Trust
☐ Joint Venture
☐ Non-Profit Corporation
☐ Limited Liability Company

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: George Downar
 Street Address: 355 Grand Street
 City, State, & Zip Code: Jersey City, N.J. 07302
 Business Telephone: (201) 915-2123 Emergency Telephone: (201) 915-2045
(609) 538-8912

PAST NAMES OF APPLICANT: List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal names.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>Jersey City Medical Center</u>	<u>1988</u>	<u>PRESENT</u>

APPLICATION'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From - To (Years)</u>	<u>NJDEP Registration No. and or USEPA I.D.</u>
<u>50 Baldwin Ave</u>	<u>Hospital</u>	<u>1930 - 2004</u>	
<u>Jersey City, N.J. 07304</u>			

APPLICANTS FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

Address	Telephone	Type of Facility	USEPA I.D. and/or any permits (nos. and name of issuing agency)
N/A			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: _____

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/County: New Jersey /

Date: 1/92

Certificate of Incorporation No.: _____

Copy of certificate of incorporation attached? _____ Yes _____ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____ N/A

OFFICERS. List the following information as to each Officer of the Corporation. Use additional copies of this section as necessary.

Name: JONATHAN Metsch Telephone: _____

Business Address: 355 Grand St, Jersey City, N.J. 07302

Office CEO Date took _____ Date of _____
Held PRESIDENT Office 1989 Birth _____

Name: Steve Kirby Telephone: _____

Business Address: 355 Grand St, Jersey City, N.J. 07302

Office EVP Date took _____ Date of _____
Held ~~CEO~~ Office 2002 Birth _____

DIRECTORS. List the following information as to each Director of the Corporation. Use additional copies of this section as necessary.

Name: THOMAS MACEWEN Telephone: (201) 915-2001

Business Address: 355 Grand St, Jersey City, N.J. 07302

Office _____ Date took _____ Date of _____
Held SVP Office 1990 Birth _____

Name: Jim Hogle Telephone: (201) 915-2999

Business Address: 355 Grand Street, Jersey City, N.J. 07302

Office _____ Date took _____ Date of _____
Held VP Office 12/01 Birth _____

FORMER OFFICERS AND DIRECTORS. List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address: Karen O'Keefe

Position Held	From	To (month/year)	Date of Birth
<u>COO</u>			

SECTION THREE

(To be completed only by Corporation and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Bus. Phone: _____

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Bus. Phone: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? _____ Yes _____ No

TYPE OF ASSOCIATION:

Check One

☐ General Partnership☐ Limited Liability☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURES. List the following information as to each partner or joint venture. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited partner. Use additional copies of this section, as necessary.

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section, as necessary.

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Telephone: _____
 Dates during which individual was a partner: _____

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Telephone: _____
 Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture – such as a trust association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust; trade association, estate; etc.)

Copy attached? _____ Yes _____ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section, as necessary.

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Telephone: _____

Name: _____
 Street Address: _____
 City, State, & Zip Code: _____ Telephone: _____

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- Any predecessor firm, or any previous name under which the applicant operated.
- Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- Any corporation of which the Applicant is a subsidiary.
- Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not Applicable" or "None" – THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), New Jersey Department of Environmental Protection (NJDEP), the United States Environmental Protection Agency (USEPA), the New Jersey Department of Transportation (NJDOT), and the United States Department of Transportation (USDOT).

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, NJDEP or USEPA. Use additional sheets, if necessary.

Name of Entity cited: _____ Date Issues: _____

Address of Alleged Violation: _____ P / J

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of Entity cited: Jersey City Medical Center Date Issues: _____

Address of Alleged Violation: 50 Baldwin Ave
Jersey City N.J. 07304

Alleged violation: _____ Type of notice: ~~CA~~ CA/FO

Disposition & explanation: _____

Name of issuing agency: EPA Docket No.: RCRA-02-2004
- 7107

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of
Entity cited: _____

Date
Issues: _____

Address of
Alleged Violation: _____



Alleged violation: _____

Type of
notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

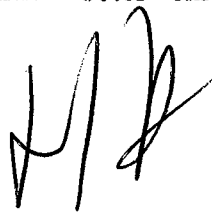
Docket No.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of
Entity cited: _____

Date
Issues: _____

Address of
Alleged Violation: _____



Alleged violation: _____

Type of
notice: _____

Disposition & explanation: _____

Name of issuing agency: _____

Docket No.: _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of Case: _____

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party, plaintiff, or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of Case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., Indictment No., etc.: _____

Disposition (if applicable,
sentence imposed): _____

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Date:

Signature James B. Hoyle III

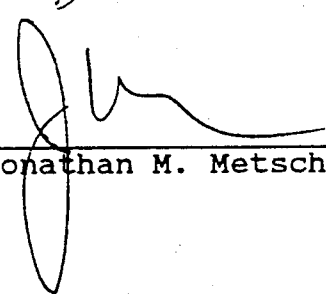
JAMES B. HOYLE III

VICE PRESIDENT OF FACILITIES AND CONSTRUCTION
Print Title & Position Liberty Health

CERTIFICATE OF PRESIDENT

The undersigned certifies that he is the President of Jersey City Medical Center, a New Jersey Nonprofit Corporation (the "Corporation"), and that, as such, he is authorized to execute this Certificate on behalf of the Corporation, and further certifies that the attached documents are true and correct copies of the Corporation's Restated Certificate of Incorporation and amended bylaws and that they have not been modified or rescinded in any respect and are in full force and effect on the date hereof.

WITNESS the seal of the Corporation and the signature of the undersigned as of the 24 day of Jan., 1992.



Jonathan M. Metsch, Dr. P.H.

FILED

OCT 8 1991

RESTATED CERTIFICATE OF INCORPORATION

OF

JOAN HABERLE
Secretary of State

JERSEY CITY MEDICAL CENTER,
a New Jersey Nonprofit Corporation
(formerly Jersey City Health Care Corporation,
a New Jersey nonprofit corporation)

Pursuant to the provisions of Section 15A:9-5 of the New Jersey Nonprofit Corporation Act, the undersigned Corporation adopts the following Restated Certificate of Incorporation:

FIRST: The name of the corporation is changed from Jersey City Health Care Corporation, a New Jersey nonprofit corporation to Jersey City Medical Center, a New Jersey Nonprofit Corporation (the "Corporation").

SECOND: The Corporation is organized for scientific, educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and in this connection:

(a) To maintain and operate a hospital or hospitals for the treatment and care of the sick, injured and disabled without regard to race, sex, age, creed or national origin.

(b) To promote and carry on, by itself or together with others, directly or through other entities in which it has an interest or in which it participates, such other hospital, medical, educational and research activities related to its said purposes as the Board of Trustees may determine to be in the best interests of the general public health in the territory which it services.

(c) To render necessary hospital care and related services to all who require such care regardless of their ability to pay.

(d) To carry out such other acts and to undertake such other activities as may be necessary, appropriate or desirable in furtherance of or in connection with the conduct, promotion or attainment of the foregoing purposes, provided that none of such activities shall be undertaken which would cause the Corporation to lose its status as an organization described in Section 501(c)(3) of the Code, or as an organization contributions to which are deductible under Section 170(c)(2) of the Code.

THIRD: The Corporation shall have a membership of one (1) Member, which shall be Liberty HealthCare System, Inc. (the "Member"). There shall be no other members or classes of membership whatsoever.

FOURTH: The method of electing members of the Board of Trustees shall be as set forth in the Bylaws of the Corporation.

FIFTH: The address of the Corporation's current registered office is Jersey City Health Care Corporation, 50 Baldwin Avenue, Jersey City, New Jersey 07304 and the name of the Corporation's current registered agent at such address is Jonathan M. Metsch.

SIXTH: The Corporation shall have the authority to indemnify every corporate agent as defined in, and to the full extent permitted by Section 15A:3-4 of the New Jersey Nonprofit Corporation Act, and to the full extent otherwise permitted by law.

SEVENTH: A Trustee or Officer of the Corporation shall not be personally liable to the Corporation or its Member for damages for breach of any duty owed to the Corporation or its Member; provided, however, that this shall not relieve a Trustee or Officer from liability for any breach of duty based upon an act or omission (i) in breach of such person's duty of loyalty to the Corporation or its Member, (ii) not in good faith or involving a knowing violation of law, or (iii) resulting in receipt by such person of an improper personal benefit.

EIGHTH: The Board of Trustees ("Board of Trustees" or "Board") shall consist of not less than thirteen (13) nor more than seventeen (17) persons, the precise number of which shall be determined by the Member. The names and addresses of the persons who are currently serving as Trustees are set forth on Exhibit "A".

NINTH: No Trustee or officer of the Corporation or other individual shall as such receive or become entitled to receive at any time any part of the net earnings or other net income of the Corporation, nor shall any part of the net earnings of the Corporation inure to the benefit of any person, except as reasonable compensation for services rendered and reimbursement for expenses incurred in conducting its affairs and carrying out its purposes, nor shall the Corporation carry on propaganda or otherwise attempt to influence legislation, nor shall the Corporation participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

TENTH: The Corporation shall at all times conduct its affairs so as not to be classified as a private foundation under Section 509 of the Code. If, for any reason, the Corporation is classified as a private foundation within the meaning of Section 509 of the Code:

(a) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code, or corresponding provisions of any subsequent Federal tax laws.

(b) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code.

(c) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Code.

(d) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code.

(e) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Code.

ELEVENTH: Upon the dissolution, liquidation, termination or winding up of the Corporation, whether voluntary, involuntary or by operation of law, the property and assets of the Corporation shall be applied to the payment of all of its just liabilities and debts. Thereafter, the remaining property and assets of the Corporation shall be distributed entirely to Liberty HealthCare System, Inc., provided that at such time said organization shall be organized and operated exclusively for charitable, educational, religious or

scientific purposes so as to qualify as exempt from Federal income taxation under Section 501(c)(3) of the Code. In the event that this condition is not met, the remaining property and assets of the Corporation shall be distributed entirely to one or more organizations selected by the Board of Trustees, which are organized and operated exclusively for charitable, educational, religious or scientific purposes so as to qualify at that time as exempt from Federal income taxation under Section 501(c)(3) of the Code, or to the Federal government, or to the State or local government, for a public purpose. Any such property and assets not so disposed of shall be distributed by any court of competent jurisdiction in the State of New Jersey to a charitable organization that qualifies under Section 501(c)(3) of the Code to be used in such manner as in the judgment of the court will best accomplish the general purposes for which the Corporation was organized. In no event will any part of the Corporation's property or assets be distributed to any Trustee or Officer of the Corporation or to any other individual.

TWELFTH: Any reference herein to specific provisions of the laws of the State of New Jersey or the Internal Revenue Code of 1986, as amended, shall be construed to include subsequent amendments to such provisions and to include corresponding provisions of subsequent legislation which may restate, supersede or otherwise alter such provisions.

THIRTEENTH: The revised Bylaws of the Corporation, as approved by the Member, shall be adopted by the Board of Trustees at a regular or special meeting. Thereafter, no new Bylaws shall

be made, nor any Bylaws altered or repealed, except by the Member.

FOURTEENTH: This Restated Certificate of Incorporation may not be amended, except by the Member.

IN WITNESS WHEREOF, the undersigned has signed this Restated Certificate of Incorporation on this *2nd* day of *October*, 1991.

JERSEY CITY MEDICAL CENTER, a New Jersey Nonprofit Corporation (formerly Jersey City Health Care Corporation, a New Jersey nonprofit corporation)

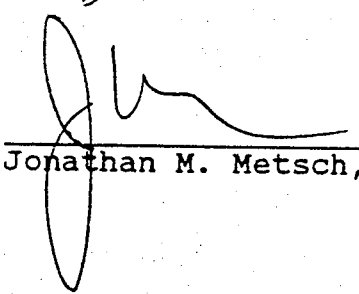
By: 

Jonathan M. Metsch, President and Chief Executive Officer

CERTIFICATE OF PRESIDENT

The undersigned certifies that he is the President of Jersey City Medical Center, a New Jersey Nonprofit Corporation (the "Corporation"), and that, as such, he is authorized to execute this Certificate on behalf of the Corporation, and further certifies that the attached documents are true and correct copies of the Corporation's Restated Certificate of Incorporation and amended bylaws and that they have not been modified or rescinded in any respect and are in full force and effect on the date hereof.

WITNESS the seal of the Corporation and the signature of the undersigned as of the 24 day of Jan., 1992.



Jonathan M. Metsch, Dr. P.H.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

July 29, 2004

Mr. James Bernhardt Hogle III
Vice President, Facilities & Construction
Jersey City Medical Center
50 Baldwin Avenue
Surgical Building-5th Floor
Jersey City, New Jersey 07304

Re: Docket No. RCRA - 02-2004-7107

Dear Mr. Hogle:

I enclose a copy of a fully executed document resolving the above-referenced action.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "G. R. Chester".

Amy R. Chester
Assistant Regional Counsel
212 637-3213

Enclosure

EXECUTIVE CORRESPONDENCE

**DO NOT WRITE ON THIS COVER AS IT IS INTENDED FOR RE-USE
RETURN IT WITH THE FILE COPIES TO ORIGINATING OFFICE**

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2

In the Matter of:

Jersey City Medical Center
50 Baldwin Avenue
Jersey City, NJ 07304

Respondent.

Proceeding Under Sections 3008 of the Solid
Waste Disposal Act, as amended.

**CONSENT AGREEMENT
AND FINAL ORDER**

Docket No. RCRA - 02-2004-7107

PRELIMINARY STATEMENT

This civil administrative proceeding was instituted pursuant to Sections 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, and the Hazardous and Solid Waste Amendments of 1984 ("HSWA"), 42 United States Code (U.S.C.) §§ 6901-6991 (together hereafter the "Act" or "RCRA").

The Complainant in this proceeding, Dore LaPosta, the Director of the Division of Enforcement and Compliance Assistance, Region 2 EPA, has been duly delegated the authority to institute and carry forward this proceeding.

The Respondent is the Jersey City Medical Center ("JCMC" or "Respondent"). The JCMC facility was located at or near 50 Baldwin Avenue, Jersey City, New Jersey 07304 during the time periods referenced herein.

Pursuant to Section 3006(b) of the Act, 42 U.S.C. § 6926(b), the State of New Jersey was

authorized by EPA to conduct a hazardous waste program (the "authorized State Program"). 64 Fed. Reg. 41823 (Aug. 2, 1999). There were later changes in the scope of the authorized State Program as a result of EPA's authorization of New Jersey's regulations incorporating by reference changes to the federal program promulgated by EPA between July 2, 1993 and July 31, 1998. 67 Fed. Reg. 76995 (Dec. 16, 2002). These changes became effective February 14, 2003. Prior to February 14, 2003, the authorized State Program incorporated by reference, with some modifications, the regulations in the federal program at 40 Code of Federal Regulations (C.F.R.) Parts 124, 260-266, 268 and 270 as set forth in the 1993 edition. As of February 14, 2003, the authorized State Program, with some modifications, essentially incorporates by reference the regulations in the 1998 edition of the same Parts of Title 40 of the C.F.R.. New Jersey's authorized regulations comprising the original State Program, authorized in 1999, can be found in the New Jersey Register. See 28 N.J.R. 4606 (Oct. 21, 1996). The New Jersey regulations authorized in 2002 can be found at 31 N.J.R. 166 (Jan. 19, 1999). New Jersey is not authorized for any HSWA regulations adopted by EPA after July 31, 1998. EPA is authorized to enforce the provisions of the authorized State Program. Consequently, EPA has retained its authority to enforce the New Jersey regulations comprising the authorized State Program. EPA retains primary responsibility for requirements promulgated pursuant to HSWA since July 31, 1998.

New Jersey's authorized hazardous waste program incorporates by reference, with some minor modifications, the federal program set forth in 40 C.F.R. Parts 124, 260-266, 268 and 270. (Citations to the authorized State Program below will cite the applicable regulation of the federal program incorporated by reference, followed by the New Jersey regulation which incorporated said federal regulation by reference. All federal regulatory references are to the 1993 edition of

the C.F.R. unless otherwise noted.)

The Complainant issued a Complaint, Compliance Order and Notice of Opportunity for Hearing (the "Complaint") to Respondent on or about March 30, 2004. The Complaint alleges that Respondent violated specific provisions of RCRA and the New Jersey and/or federal regulations concerning the management of hazardous waste. Complainant and Respondent conducted settlement negotiations which led to this agreement.

Complainant and Respondent agree, by entering into this Consent Agreement and Final Order ("CA/FO"), that settlement of this matter upon the terms set forth in this CA/FO is an appropriate means of resolving this case without further litigation.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. JCMC is a "person," as that term is defined in Section 1004(15) of RCRA, 42 U.S.C. § 6903(15), and 40 C.F.R. § 260.10 (1993), as incorporated by reference by the New Jersey Administrative Code ("NJAC") 7:26G-4.1(a).
2. Respondent has informed EPA that the city of Jersey City is the "owner" of the facility as that term is defined in 40 C.F.R. § 260.10 (1993), as incorporated by reference by NJAC 7:26G-4.1(a).
3. JCMC is the "operator" of the facility as that term is defined in 40 C.F.R. § 260.10 (1993), as incorporated by reference by NJAC 7:26G-4.1(a).
4. In or about December 1995, JCMC notified EPA that it generates hazardous waste at its facility. In or about May 1996, JCMC submitted a subsequent notification to EPA stating that it generates listed and characteristic hazardous waste at its facility.

5. In or about January 1996, EPA issued JCMC EPA Identification Number NJR000008995 for its facility.
6. JCMC is a "hazardous waste" "generator" as those terms are defined in 40 C.F.R. § 260.10 (1993), as incorporated by reference by NJAC 7:26G-4.1(a).
7. As of at least April 2003, JCMC had not determined if certain materials generated at its facility constituted a hazardous waste.
8. JCMC's failure to determine if each solid waste generated at its facility constituted a hazardous waste is a violation of 40 C.F.R. § 262.11(1993), as incorporated by reference by NJAC 7:26G-6.1(a).
9. From at least January 1, 2000 to April 1, 2003, JCMC sent shipments of chemotherapy (Cyclophosphamide and Mitomycin) hazardous waste, U010 and U058 respectively, to an off-site treatment or disposal facility to be incinerated as medical waste.
10. From at least January 1, 2000 to April 1, 2003, JCMC did not prepare hazardous waste manifests for any of the shipments of U010 and U058 hazardous waste sent off-site to the treatment or disposal facility.
11. As of at least April 2003, JCMC had not sent any land ban notification(s) to the treatment or disposal facility receiving Respondent's U010 and U058 hazardous waste. Land ban notifications must set forth the generator's determination regarding whether the shipped hazardous waste meets appropriate treatment standards. Additionally, JCMC had not maintained a copy of the requisite notification(s) at its facility.
12. Respondent's failure to prepare hazardous waste manifests for each shipment of U010 and U058 hazardous waste sent off-site, as referenced in paragraph 10, is a violation of

40 C.F.R. § 262.20(a) (1993), as incorporated by reference by NJAC 7:26G-6.1(a).

13. Respondent's failure to send the requisite land ban notification(s), and keep such notifications on file at its facility, as referenced in paragraph 11, constitutes violations of 40 C.F.R. § 268.7(a).

CONSENT AGREEMENT

Based on the foregoing, and pursuant to Sections 3008 of RCRA and the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties and Revocation or Suspension of Permits, 40 C.F.R. § 22.18 (2003), it is hereby agreed by and between the parties and JCMC knowingly and voluntarily agrees as follows:

1. Within twenty days of the effective date of this Compliance Order, JCMC shall:
 - a. make hazardous waste determinations regarding all solid waste generated at the facility pursuant to 40 C.F.R. § 262.11, as incorporated by reference by NJAC 7:26G-6.1(a);
 - b. prepare a hazardous waste manifest for each shipment of hazardous waste sent off-site to a treatment, storage, or disposal facility pursuant to 40 C.F.R. § 262.20(a), as incorporated by reference by NJAC 7:26G-6.1(a)-(c);
 - c. prepare and send requisite land ban notification(s) for each hazardous waste sent off-site to a treatment, storage or disposal facility pursuant to 40 C.F.R. § 268.7; and
 - d. otherwise comply with all applicable provisions for generators set forth or cross-referenced in 40 C.F.R. Part 262, as incorporated by reference by NJAC 7:26G-6.1(a).
2. For the purpose of this proceeding, Respondent admits the jurisdictional allegations of the Complaint as applied to its facility and neither admit nor deny specific factual allegations

contained in the Complaint.

3. Respondent shall pay, by cashier's or certified check, a civil penalty in the amount of **twenty five thousand dollars (\$25,000.00)**. The check shall be payable to the "Treasurer, United States of America." The case name and the docket number for this matter shall be referenced on the face of the check.

Such check shall be mailed to:

**EPA Region 2 (Regional Hearing Clerk)
P.O. Box 360188M
Pittsburgh, Pennsylvania 15251**

Respondent shall also send a copy of the payment instrument to each of the following:

Marianna Dominguez
RCRA Compliance Branch
DECA
U.S. Environmental Protection Agency-Region 2
290 Broadway, 22nd Floor
New York, New York 10007-1866

Amy Chester
Assistant Regional Counsel
Waste & Toxic Substances Branch
Office of Regional Counsel
U.S. Environmental Protection Agency-Region 2
290 Broadway, 16th Floor
New York, New York 10007-1866

and

Regional Hearing Clerk
U.S. Environmental Protection Agency- Region 2
290 Broadway, 16th Floor
New York, New York 10007-1866

Payment must be **received** at the above address on or before 45 calendar days after the date of signature of the Final Order at the end of this document (the date by which

payment must be received shall hereinafter be referred to as the "due date").

- a. Failure to pay the civil penalty in full by the due date will result in referral of this matter to the United States Department of Justice or the United States Department of the Treasury for collection.
 - b. Further, if the payment is not received on or before the due date, interest will be assessed at the annual rate established by the Secretary of the Treasury pursuant to the Debt Collection Act, 31 U.S.C. § 3717, on the overdue amount from the due date through the date of payment. In addition, a late payment handling charge of fifteen dollars (\$15.00) will be assessed for each thirty day period (or any portion thereof) following the due date in which the balance remains unpaid. A six percent (6%) per annum penalty will also be applied on any principal amount not paid within ninety (90) days of the due date.
 - c. Payment of the penalty amount and compliance with the tasks and terms of this CA/FO are in full settlement of all civil liabilities that might have attached as a result of the allegations in the civil administrative Complaint brought against Respondent in this case, **Docket No. RCRA-02-2004-7107**.
 - d. The civil penalties provided for herein are penalties within the meaning of Title 26, Section 162(f) of the United States Code, 26 U.S.C. § 162(f), and are not deductible expenditures for purposes of federal, state or local law.
4. This Consent Agreement is being voluntarily and knowingly entered into by the parties in full and final settlement of the civil liabilities that might have attached as a result of the allegations contained in the Complaint. Respondent has read the Consent Agreement,

understands its terms, finds it to be reasonable and consents to its issuance and its terms.

Respondent consents to the issuance of the accompanying Final Order. Respondent agrees that all settlement terms are set forth herein. Respondent explicitly and knowingly consents to the assessment of the civil penalty that comes due as set forth in this Consent Agreement and agrees to pay the penalty in accordance with the terms of this Consent Agreement.

5. Respondent explicitly waives its rights to request or to seek a Hearing on the Complaint or on any of the allegations therein asserted, on this Consent Agreement, or on the Findings of Fact and Conclusions of Law herein, or on the accompanying Final Order.
6. Respondent waives any right it may have pursuant to 40 C.F.R. § 22.8 to be present during discussions with or to be served with and to reply to any memorandum or communication addressed to the Regional Administrator or the Deputy Regional Administrator where the purpose of such discussion, memorandum, or communication is to discuss a proposed settlement of this matter or to recommend that such official accept this Consent Agreement and issue the attached Final Order.
7. This CA/FO does not waive, extinguish, or otherwise affect Respondent's obligation to comply with all applicable provisions of the Act and the regulations implementing it, nor shall it be construed as the issuance of a permit or a ruling on, or determination of, any issues related to any federal, state or local law, regulation or permit.
8. Nothing in this CA/FO shall be deemed to limit EPA's authority to perform inspections or initiate appropriate actions pursuant to any of its statutory or regulatory authorities.
9. Each party shall bear its own costs and fees in this matter.

10. Respondent certifies that he or she is duly and fully authorized to enter into and ratify this Consent Agreement and all the terms and conditions set forth in this Consent Agreement. The provisions of this Consent Agreement shall be binding upon Respondent, its officials including staff, authorized representatives and successors or assigns.
11. Respondent consents to service upon Respondent of a copy of this CA/FO by an EPA employee other than the Regional Hearing Clerk.

RESPONDENT:
Jersey City Medical Center

BY: JAMES B. HOLLE III / James B. Holle III
 NAME: JAMES B. HOLLE III
 TITLE: VP OF FACILITIES & CONSTRUCTION
 DATE: 7/2/04

COMPLAINANT:

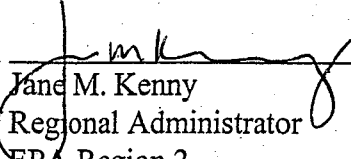
United States Environmental Protection
Agency - Region 2

BY: [Signature]
 TITLE: Dore LaPosta, Director
Division of Enforcement &
Compliance Assistance
 DATE: JULY 23, 2004

FINAL ORDER

The Regional Administrator of the U.S. Environmental Protection Agency, Region 2, ratifies the foregoing Consent Agreement. The Agreement entered into by the parties is hereby approved, incorporated herein, and issued as an Order pursuant to Section 3008 of the Act and 40

C.F.R. § 22.18(b)(3). The effective date of this Order shall be the date of filing with the Regional Hearing Clerk, U.S. EPA, Region 2, New York, New York.


Jane M. Kenny
Regional Administrator
EPA-Region 2

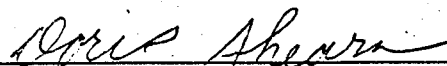
DATE:

7/27/04

CERTIFICATE OF SERVICE

This is to certify that I have this day caused to be mailed a copy of the foregoing Consent Agreement and Final Order, bearing Docket Number RCRA-02-2004-7107, by certified mail, return receipt requested, to Mr. James Bernhardt Hogle III, Vice President, Facilities & Construction, Jersey City Medical Center, 50 Baldwin Avenue, Surgical Building-5th Floor, Jersey City, New Jersey 07304. I hand-carried the original and a copy of the foregoing Consent Agreement and Final Order to the office of the Regional Hearing Clerk, United States Environmental Protection Agency, Region 2.

Dated: July 29, 2004
New York, New York


Doris Ahearn, Secretary

EXECUTIVE CORRESPONDENCE

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RETURN IT WITH THE FILE COPIES TO ORIGINATING OFFICE**


ENVIRO-SCIENCES (OF DELAWARE), INC.

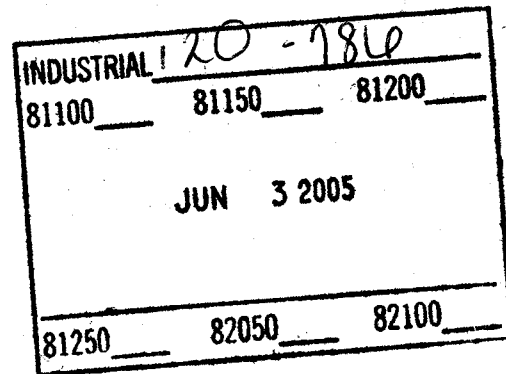
111 HOWARD BOULEVARD, SUITE 108
MT. ARLINGTON, NJ 07856
(973) 398-8183 • FAX: (973) 398-8037

Via Facsimile and UPS Ground Service

June 2, 2005

Mr. Anthony Gammaro
Industrial Supervisor
Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

Re: SEWER USE APPLICATION
Jersey City Medical Center
355 Grand Avenue
Jersey City, NJ 07302



Dear Mr. Gammaro:

Enclosed please find the completed Sewer Use Application for the referenced facility. You have previously received under separated cover, the required \$750 application fee and the Supplemental Sewer Use Application (attached). We have enclosed a Draft Plot Plan locating the sewer discharge point. Please note that this plan is being re-drafted to include less detail. As noted in the application, we will be conducting the required sampling and laboratory analyses of samples obtained from the discharge point manhole and will have results to you by July 15, 2005. An original signature page will be provided to you with the revised site plan and analytical data summary and supporting documentation.

We thank you for your assistance with this project. If you have any questions, please call me at your earliest convenience.

Very truly yours,

ENVIRO-SCIENCES (OF DELAWARE), INC.

Joseph W. Pilewski
Vice President

JWP/jw

Enclosures

cc: George Doumar, JCMC
Robert Lawrence, ESI